

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL033005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 08/20/2015
NAME OF PROVIDER OR SUPPLIER  YOUR LOVING FAMILY CARE HOME I		STREET ADDRESS, CITY, STATE, ZIP CODE 730 MARIGOLD STREET ROCKY MOUNT, NC 27801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 000)	Initial Comments  Report by Suzanna Fay  DHSR Construction Section conducted a Biennial Follow-up Survey on August 20, 2015 from 10:00 AM to 10:30 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required.  The remaining deficiencies are as follows:	(C 000)	<p>CONSTRUCTION SECTION</p> <p>SEP 14 2015</p> <p>RECEIVED</p> <p><i>Completed</i></p>	
(C 123)	Bathroom-Hand Grips  T10: 42C .2206 BATHROOM (f) Hand grips must be installed at all commodes, tubs and showers on the floor level used by the residents.  This Rule is not met as evidenced by: 1. Observations revealed that the tub in the first bathroom did not have a hand grip. Have a qualified person install a mechanically fastened hand grip at the tub. Provide documentation of the repairs.  8/20/15: SF-The tub did not have a hand grip at the time of this survey. Have a qualified person install a mechanically fastened hand grip at the tub. Provide documentation of the repairs through photos or copies of receipts or work orders.	(C 123)		
(C 138)	Outside Entrances/Exits-Single Hand Motion  T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS (d) All exit doors locks must be easily operable, by a single hand motion, from the inside at all	(C 138)		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Beatrice Petway* over

TITLE

(X6) DATE

9/11/15

STATE FORM

5010

TQSH22

If continuation sheet 1 of 2

if continuation sheet 2 of 2